

2019.11.10 17:36

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## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2019 - 231 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print) clarence j watson

Submitted by:

Telephone:

803 4469350

Address: 6 merc ct

Fax:

8037081605

Columbia sc 29201

Other:

Email: clarence.8@yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input checked="" type="checkbox"/> Application - Class C Non-Emergency   | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Other: _____                                  |

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JUN 19 2019

PSC SC  
CLERK'S OFFICE

RECEIVED

JUN 20 2019

PSC SC  
MAIL / DMS

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

ACCEPTED FOR PROCESSING - 2019 June 20 9:52 AM - SC PSC - 2019-231-T - Page 1 of 10

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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210

Phone: (803) 896-5100

Fax: (803) 896-5199

2019-231-  
285390

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

POSTED  
6-20-19d

CLASS C - NON-EMERGENCY

Date: 6/6/2019

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. CJ WATSON TRANSPORTATION LLC,  
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

6 merc ct, Columbia, SC 29201

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

8034469350

Phone

8037081605

Fax

clarence.8@yahoo.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

C.J. Watson

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Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	0	Mortgage/Loan on Real Estate	0
Value of Motor Vehicles	16000	Loans Owed on Motor Vehicles	0
Cash on Hand	0	Business/Other Loans Owed	0
Cash in Bank	2000	Other Liabilities or Debts	0
Value of Other Assets and Equipment	16000	<b>Total Liabilities</b>	0
<b>Total Assets</b>	<b>34,000</b>		

#### INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 1.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

## PROPOSED RATES AND CHARGES FOR SERVICE

### Proposed Rates and Charges:

\$130.00/\$330.00

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.  
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- |  |  |  |  |  |
|--|--|--|--|--|
| <input type="checkbox"/> Abbeville             | <input type="checkbox"/> Cherokee              | <input checked="" type="checkbox"/> Florence   | <input type="checkbox"/> Lee                   | <input checked="" type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken                 | <input type="checkbox"/> Chester               | <input type="checkbox"/> Georgetown            | <input checked="" type="checkbox"/> Lexington  | <input type="checkbox"/> Spartanburg       |
| <input type="checkbox"/> Allendale             | <input type="checkbox"/> Chesterfield          | <input checked="" type="checkbox"/> Greenville | <input type="checkbox"/> Marion                | <input checked="" type="checkbox"/> Sumter |
| <input checked="" type="checkbox"/> Anderson   | <input type="checkbox"/> Clarendon             | <input checked="" type="checkbox"/> Greenwood  | <input type="checkbox"/> Marlboro              | <input type="checkbox"/> Union             |
| <input type="checkbox"/> Bamberg               | <input type="checkbox"/> Colleton              | <input type="checkbox"/> Hampton               | <input type="checkbox"/> McCormick             | <input type="checkbox"/> Williamsburg      |
| <input type="checkbox"/> Barnwell              | <input checked="" type="checkbox"/> Darlington | <input type="checkbox"/> Horry                 | <input checked="" type="checkbox"/> Newberry   | <input type="checkbox"/> York              |
| <input checked="" type="checkbox"/> Beaufort   | <input type="checkbox"/> Dillon                | <input type="checkbox"/> Jasper                | <input type="checkbox"/> Oconee                |  |
| <input type="checkbox"/> Berkeley              | <input type="checkbox"/> Dorchester            | <input checked="" type="checkbox"/> Kershaw    | <input checked="" type="checkbox"/> Orangeburg | <input type="checkbox"/> Statewide         |
| <input type="checkbox"/> Calhoun               | <input type="checkbox"/> Edgefield             | <input checked="" type="checkbox"/> Lancaster  | <input type="checkbox"/> Pickens               |  |
| <input checked="" type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield             | <input checked="" type="checkbox"/> Laurens    | <input checked="" type="checkbox"/> Richland   |  |

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**DESCRIPTION OF EQUIPMENT**

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

☒ 1-7 Passengers, including driver

☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL- CHAIR LIFT
DODGE	2013GRAD	2C4RDGCG9DR686192	6,050	

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**INSURANCE QUOTE**This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE

The following insurance quote is for:

**CJ Watson TRANSPORTATION**

Name of Applicant

6 merc ct

Address of Applicant

**Amount of Premium:**Liability Insurance \$ 1,000,000The above quoted premium is for a term of 12 months.

**Minimum Limits** - Bodily injury and property damage limits will not be less than the following:

**Limits Quoted**

Liability Combined Each Occurance	\$ 1,000,000	
Medical Payments per Person	\$ 1,000	

**UNITED COMMERCIAL INSURANCE**

Name of Insurance Company

9196 W Emerald st suite 180 Boise, ID 83704

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

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HIPKINS INSURANCE  
2028 PLATT SPRINGS RD  
WEST COLUMBIA, SC 29169

**PROGRESSIVE**  
COMMERCIAL

CLARENCE WATSON  
6 MERC CT  
COLUMBIA, SC 29201

Underwritten by:  
Progressive Northern Insurance Co  
June 13, 2019  
Policy Period: Jun 13, 2019 - Jun 13, 2020  
Page 1 of 2

Customer Phone number: 1-803-446-9350

## Commercial Auto Insurance Quote

Thank you for contacting me about your auto insurance needs. I am pleased to provide you with a quote from Progressive Northern Insurance Co, a company that offers competitive rates and many outstanding services. Progressive gives you access to your policy information through progressiveagent.com, your customized Web site. Claims service is available 24 hours a day, 7 days a week by calling 1-800-274-4499.

### Policy information

Business type: Passenger Transportation (Not For Hire)  
Sub business type: Other Passenger Transportation (Not For Hire)  
Other: Transportation -Passengers (At no Charge)

### Quote for 12 month policy period

If you pay your premium in full, you will receive a discount as shown.

Total policy premium	\$2,082.00
Paid in full discount	-264.00
Policy premium if paid in full	\$1,818.00

### Payment plans

Payment Method: 10 payments

**Electronic Funds Transfer (EFT)** assures that your payment is on time. Each payment includes a \$5.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
10 Payments, 20.0% Down	\$2,082.00	\$418.00	9 payments of \$189.89
6 Pay, Seasonal, 20.0% Down	\$2,082.00	\$418.00	5 payments of \$337.80
10 Payments, 25.0% Down	\$2,082.00	\$522.00	9 payments of \$178.34
4 Pay, Seasonal, 25.0% Down	\$2,082.00	\$522.00	3 payments of \$525.00

**Make payments by mail** or at progressiveagent.com. Each payment includes a \$12.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
10 Payments, 20.0% Down	\$2,082.00	\$418.00	9 payments of \$196.89
6 Pay, Seasonal, 20.0% Down	\$2,082.00	\$418.00	5 payments of \$344.80
10 Payments, 25.0% Down	\$2,082.00	\$522.00	9 payments of \$185.34
4 Pay, Seasonal, 25.0% Down	\$2,082.00	\$522.00	3 payments of \$532.00
4 Pay, Quarterly, 25.0% Down	\$2,082.00	\$522.00	3 payments of \$532.00
1 Payment	\$1,818.00	\$1,818.00	None
2 Payments, 50.0% Down	\$2,082.00	\$1,042.00	1 payment of \$1,052.00

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CLARENCE WATSON  
Page 2 of 2**To purchase insurance**

Please review the information on your quote for accuracy; incomplete and inaccurate information could affect your rate. These rates are subject to verification of information. If you have any questions or would like to purchase a Progressive policy, please call me at **1-803-794-8246**. Your coverage will begin once your initial payment has been received. Thanks again for the opportunity to work with you.

**Rated drivers**

Failure to accurately and completely report all driver information may result in premium differences and service delays.

Name	Age	Marital status	Points	Additional Information
CLARENCE WATSON	49	Married	0	

**Outline of coverage**

Description	Limits	Deductible	Premium
Liability To Others			\$1,227
Bodily Injury and Property Damage Liability	\$500,000 combined single limit		
Uninsured Motorist			155
Bodily Injury	\$500,000 combined single limit each accident		
Property Damage	(included in combined single limit)	\$200	
Underinsured Motorist			170
Bodily Injury	\$500,000 combined single limit each accident		
Property Damage	(included in combined single limit)	\$0	
Medical Payments	\$5,000 each person		44
Comprehensive			143
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			311
See Auto Coverage Schedule	Limit of liability less deductible		
Roadside Assistance			30
See Auto Coverage Schedule			
<b>Subtotal policy premium</b>			<b>\$2,080</b>
South Carolina Uninsured Motorist Fund charge			2
<b>Total 12 month policy premium and fees</b>			<b>\$2,082</b>

**Auto coverage schedule**

1. **2013 DODGE GRAND CARAVAN** Actual Cash Value (plus \$2,000.00 Permanently Attached Equip)  
VIN: **2C4RDGCG9DR686192** Garaging Zip Code: 29201 Territory: 2 Radius: 50 miles  
Personal use: N Body type: Mini Van Use class: L

Liability Premium	Liability	UM	UIM	UM PD	UIM PD	Med Pay
	\$1227	\$136	\$163	\$19	\$7	\$44
Physical Damage Premium	Comp/Glass Deductible	Comp/Glass Premium	Collision Deductible	Collision Premium		
	\$500	\$143	\$500	\$311		
Other Coverages Premium	Roadside Limit	Roadside Premium				Auto Total
	Selected	\$30				<b>\$2,080</b>



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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 EXECUTIVE CENTER DRIVE, SUITE 100  
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit [www.psc.sc.gov](http://www.psc.sc.gov) to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

  
clarence j watson

Applicant's Signature

Owner

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )

COUNTY OF Richland )

SWORN TO BEFORE ME  
This 14th day of June, 2019

Notary Public

  
Dolores M. Roberts

Commission Expires My Commission Expires October 13, 2023

Print Application

South Carolina Secretary of State

# Business Entities Online

File, Search, and Retrieve Documents Electronically

## CJ Watson Transportation LLC

### Corporate Information

**Entity Type:** Limited Liability Company**Status:** Good Standing**Domestic/Foreign:** Domestic**Incorporated South Carolina  
State:**

### Important Dates

**Effective Date** 05/16/2019

:

**Expiration N/A  
Date:****Term End N/A  
Date:****Dissolved N/A  
Date:**

### Registered Agent

**Agent:** Clarence watson**Address:** 6 Merc Court  
Columbia, South Carolina 29201

### Official Documents On File

Filing Type	Filing Date
Articles of Organization	05/16/2019

For filing questions please contact us at 803-734-2158

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